

APPLICATION FOR FAMILY AND MEDICAL LEAVE

Employee Name _____

Personnel Number _____

Agency Name _____

Agency Address _____

Regular Hours worked Per Week _____

Home Address _____

Home Phone (____) _____ Work Phone (____) _____

Please check one of the following:

_____ **I request to presently utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b).

_____ **I do not wish to utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). Therefore, I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted all of my accrued paid leave.

_____ **I do not wish to utilize family and medical leave concurrently with my accrued paid leave** pursuant to 101 KAR 2:102 Section 3(6)(b) and/or 101 KAR 3:015 Section 3(6)(b). However, in accordance with 101 KAR 2:102 Section 3(6)(a) and/or 101 KAR 3:015 Section 3(6)(a), **I request to reserve _____ (not to exceed 10) days of my accumulated sick leave prior to my commencement of unpaid family and medical leave.** I will not be entitled to the protections of the federal Family and Medical Leave Act until I have exhausted my accrued paid leave in accordance with this election.

Attach supporting documentation, if required.

Anticipated duration of leave from _____ to _____ for a total of _____ work days. In requesting leave, I certify that all information on this application is true and that I will abide by the regulations governing family and medical leave.

Employee Signature

Date

FOR AGENCY USE ONLY:

Family and Medical Leave Approved _____ for dates _____ to _____

Family and Medical Leave Denied _____

Family and Medical Leave Balance as of this date _____

Date Family and Medical Leave Designation Letter sent _____

Signature of Appointing Authority or Designee

Date